

RESIDENT REGISTRATION QUESTIONNAIRE

HEATH INCOME TAX BUREAU
1287 HEBRON ROAD HEATH, OHIO 43056
740-522-3427 EXT. 3

Date Rec'd _____

Date Mailed _____

STREET ADDRESS _____

APT # _____

DATE MOVED IN _____ (Month, Day & Year)

1. Please list yourself and anyone else that is **16 years old or older** who lives in your household.
*****If anyone listed is not currently working, please see below.**

_____	_____	_____	SELF	_____
Last Name	First	MI	(Relationship)	Social Security #

_____	_____
Place of Employment	City

_____	_____	_____	_____	_____
Last Name	First	MI	(Relationship)	Social Security #

_____	_____
Place of Employment	City

_____	_____	_____	_____	_____
Last Name	First	MI	(Relationship)	Social Security #

_____	_____
Place of Employment	City

2. *****Please list anyone that is currently unemployed and check the reason**

_____	_____ Retired
_____	_____ Disability
_____	_____ Full-time Student
_____	_____ Government Assistance

Other (please explain) _____
(Additional information or comments can be written on the reverse side of this questionnaire.)

3. _____
Signature of person completing questionnaire Date Phone #

You are welcome to use our drop box at the Heath Municipal Building located between the handicapped parking spaces in our parking lot at 1287 Hebron Road.